

CHILDHOOD VOMITING & DIARRHEA PATHWAY FLUID BALANCE FLOWSHEET

DATE: _____ Time: _____

BASELINE VS: T _____ °C HR _____ RR _____ BP _____ WT: _____

GORELICK SCORE (circle): Cap refill > 2secs
 Absent tears
 Dry mucous membranes
 Ill general appearance

Score: One or less: Maintain hydration, full diet (<5% dehydrated)
 Two: Needs oral rehydration, ORS (5-10% dehydrated)
 Three or Four with normal VS: Needs IV rehydration (>10% dehydrated)
 Three or Four with abnormal VS: Needs resuscitation (>10% dehydrated)

Time													
Cap refill > 2secs (1)													
Absent tears (1)													
Dry mucous membranes (1)													
Ill general appearance (1)													
Gorelick Score total													
Intake: Type													
Amount (oz/mL)													
Output: Type													
Amount (size/mL)													
Weight													
Temp													
HR													
RR													
BP													
Color													
Signature (initial)													

	Time	Type	Comments
IV Therapy			
Oral challenge			